BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

47079-0105

CLAIMS AS FILED - PART I					1		5	SMALL ENTITY			OTHER	THAN
			(Column 1)		(Column 2)		٦	TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS			34					RATE	FEE		RATE	FEE
FOR		NUMBER FILED		NUMBI	JMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			3 4 minus 20=		* 14			X\$ 9=		OR	X\$18=	252.00
INDEPENDENT CLAIMS			3 minus 3 =		0			X40=		OR	X80=	U
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	·O
* If the difference in column 1 is less than ze				ro, ente	r "0" in c	olumn 2		TOTAL		OR	TOTAL	96210
CLAIMS AS AMENDED - PART II							ا سد	:		OTHER		
(Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		= /:		X\$ 9=		OR	X\$18=	
	Independent	* (100 € 100 €	Minus	***		=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	405			070	317
							_ l	+135=	A Top of the A	OR	+270=	
				\$P\$ 多克尔			TOTAL ADDIT. FEE	生成物学	OR	TOTAL ADDIT. FEE	day.	
		(Column 1)	-		mn 2)	(Column 3)						
AMENDMENT B	ķ .	CLAIMS REMAINING AFTER AMENDMENT	,		IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total 🐇 🔭	*	Minus	**		= :]	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	· · · · ·	= -		X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.105			+270=	
٠						•	Ĺ	+135=	•	OR		
. : · ·		en .		•			,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
-	A garage	(Column 1)		(Colui		(Column 3)	-					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=]	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	 	X40=		OR	X80=	
7.	FIRST PRESENTATION OF MULTIPLE DEPENDENT						╛┟			UH		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135=		OR	+270=	. • .
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		iber Previously Pa					er fou	nd in the app	ropriate box	in co	lumn 1.	